


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|--|------------------------|------------------------|
| <h1>TRANSMITTAL<br/>FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | Application Number     | 10/518,678-Conf. #3497 |
|  | Filing Date            | December 17, 2004      |
|  | First Named Inventor   | Koumi Manabe           |
|  | Art Unit               | 3637                   |
|  | Examiner Name          | S. L. Purol            |
| Total Number of Pages in This Submission   | Attorney Docket Number | 12088/027001           |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">Remarks</div>   |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | OSHA · LIANG LLP  |          |        |
| Signature                                  |  #45,079 |          |        |
| Printed name                               | Jonathan P. Osha THOMAS SCOTT   |          |        |
| Date                                       | April 6, 2009   | Reg. No. | 33,986 |